



<b>MEETING TITLE</b> Board		<b>MEETING DATE</b> 28/11/2019	
<b>TITLE of PAPER</b>	Care Quality Commission Report review	<b>PAPER REF</b>	3.4
<b>KEY PRIORITIES</b>	Create a safe and high performing organisation based on openness, ownership and accountability Equip our people with the best tools, technology and environment to support excellent outcomes Embed an ethos of continuous improvement and innovation, that has the voice of patients, communities and our people at its heart		
<b>PURPOSE OF THE PAPER</b>	The purpose of the paper is to inform the Board of the key findings and areas for development in the Care Quality Commission report for the Patient Transport Service, Emergency Operations Centre and Well led review and to seek approval for the supporting continuous quality improvement plan.		
<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input type="checkbox"/>
<b>AUTHOR / LEAD</b>	Clare Ashby, Deputy Director of Quality and Nursing	<b>ACCOUNTABLE DIRECTOR</b>	Steve Page, Executive Director of Quality Governance and Performance Assurance & Deputy Chief Executive.
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate:</b> Discussion at TMG; CQC final reports			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Not Applicable	<b>Date:</b>	
<b>RECOMMENDATION(S)</b>	It is recommended that Board: <ul style="list-style-type: none"> <li>Notes the findings of the CQC summary report and is assured with regard to the continued improvement in quality and safety.</li> <li>Notes the requirement for sustained commitment across all service lines and key lines of enquiry to ensure progression to a rating of 'Outstanding' by 2023</li> </ul>		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Equality Impact Assessment</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission</b> Choose a DOMAIN(s)		All	
<b>NHSI Single Oversight Framework</b> Choose a THEME(s)		2. Quality of Care (safe, effective, caring, responsive)	

## 1. PURPOSE/AIM

- 1.1 The purpose of the paper is to inform the Board of the key findings and areas for development in the Care Quality Commission (CQC) report for the Patient Transport Service (PTS), Emergency Operations Centre (EOC) and Well-led review and to seek approval for the supporting continuous quality improvement plan.

## 2. BACKGROUND/CONTEXT

- 2.1 The Care Quality Commission (CQC) undertook an inspection of Yorkshire Ambulance Service, using pre-inspection review, unannounced visits, and scheduled interviews, from 28<sup>th</sup> May to 1<sup>st</sup> July 2019. The inspection focussed on the Emergency Operations Centre (EOC) and Patient Transport Services (PTS), and also included the first Well-led review of the Trust.
- 2.2 The full reports can be found here <https://www.cqc.org.uk/provider/RX8>. Both PTS and EOC service lines were rated as Good, and the Well-Led review was also rated as Good. We are now one of two Ambulance services with a consistent good rating across all service lines and key lines of enquiry, with no areas assessed as Require Improvement.

The report confirmed the ongoing significant development across the Trust over recent years, the strength of our core safety and quality systems and ambitious plans currently in progress as part of our future strategy.



Last rated  
14 October 2019

Yorkshire Ambulance Service NHS Trust



## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔ Feb 2017	Good ↔ Feb 2017	Not rated	Good ↔ Feb 2017	Good ↔ Feb 2017	Good ↔ Feb 2017
Patient transport services	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Emergency operations centre (EOC)	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019
Resilience	Good ↔ Feb 2017	Outstanding ↔ Feb 2017	N/A	Not rated	Good ↔ Feb 2017	Good ↔ Feb 2017
<b>Overall</b>	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

2.3 The report highlighted 10 areas of outstanding practice in the Trust, in particular within the PTS. There were no regulatory breaches identified in the report, but a number of areas for improvement were recommended, and these have been included in the continuous quality improvement plan. This plan sustains actions and recommendations from previous CQC reports from all service lines, and combines findings from the internal Inspection for Improvement (I4I) process; this enables themes and trends from the I4I process to feed the continuous improvement cycle throughout the year, thereby supporting developments between CQC inspection times. This supports our ambition to achieve a rating of ‘Outstanding’ in our CQC inspection by 2023. The action plan is monitored by the Quality Assurance Working Group, and reported to Trust Management Group on a monthly basis.

### 2.4 Outstanding Practice

There were 10 areas noted as outstanding practice, with 9 of these from PTS. The narrative reports that support both the EOC and PTS inspections were overwhelmingly positive with few areas for improvement. The CQC inspectors reported a significant improvement in PTS since their last inspection, with elements of outstanding practice. Comments in the report included the following:

- ‘People’s needs were central to the delivery of the service and there was a proactive approach to meeting patients’ needs, technology was used innovatively to ensure patients received a timely response from the service’.
- ‘Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with were consistently positive in their comments about the service’.

The EOC sustained their rating of good, and built on areas of practice that ensures progression towards a rating of outstanding.

The report noted that the service had the quickest 95<sup>th</sup> centile call answering performance rate of all 11 NHS ambulance providers from July 2018 to January 2019.

The well-led review was positive and noted that Board members and leaders had the right skills and attributes to lead the Trust. The report noted our forward thinking manner and systematic approach to the safety of staff and patients. For example, our strategic approach to patients with mental health needs, our embedded systems for leadership and our clear commitment to improvement in the organisation. They felt our leadership style had moved from one of 'command and control' to one with an increased focus on collaborative working.

## 2.5 Areas for Improvement

### Trust wide:

- The trust should improve diversity at Board level, in senior roles and within the wider organisation
- The Trust should become compliant with the accessible information standard and legislation, as it applies to ambulance providers.

### In the Emergency Operations Centre:

- The service should always ensure there are sufficient numbers of suitably skilled, qualified and experienced staff in the mental health nursing team. (N.B. This is an innovative service introduced by the Trust with positive benefits for patients, although it is recognised that at the time of the inspection not all of the rostered shifts were fully staffed).
- The service should improve sharing lessons learned from incidents in the wider service and with partner organisations.
- The service should ensure that it reviews and addresses gaps in staff knowledge and confidence to deal with people in mental health crisis.
- The service should improve appraisal rates to meet the trust target.
- The service should improve sharing learning from complaints and concerns with staff in the department

### In the Patient Transport Service:

- The service should ensure staff are confident in reporting and escalating safeguarding concerns.
- The service should ensure staff are supported appropriately in completing mandatory training.

## 2.6 Notable areas for celebration

- The Board was a forward thinking and high performing team, who together set the culture of the organisation; where patient and staff needs were considered paramount. There was clear leadership in place from the CEO who was visible and approachable.
- The Trust proactively engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively, including our Critical Friend Network.
- There was a strong focus on learning from incidents, deaths and sharing good practice. There had been national innovation since 2017 in learning from deaths and this work had been shared across other ambulance trusts.
- The Trust is top of the national league table of the National Institute for Health Research in 2019.
- Financial pressures were managed so that they did not compromise the quality of care. The trust was in a strong financial position.

- There was a robust quality improvement process. Participants in the QI programme had successfully completed a wide range of improvement projects.
- Innovative approach to collaboration with other ambulance services via the Northern ambulance alliance, chaired by our CEO, to share good practice and improve efficiency for the benefit of patients.
- Innovative approaches had been taken to support staff, in particular if they were off sick from work. A support vehicle had been converted into a health and well-being bus to directly promote staff health and well-being.
- Around 70 staff had volunteered to be cultural ambassadors, as part of an employee voice network, and this contributed to innovation, productivity and organisational improvement.
- The Leadership in Action programme complemented the trust values and behaviours framework and over 200 leaders enrolled on the programme.
- The CQC reported that there was a mutually respectful working relationship between staff side representatives and senior leaders.
- Our contribution to the local and national staff equality networks was noted.
- The national rotational paramedic pilot scheme won the Royal College of General Practitioners 'Good Neighbour' award for excellence in collaborative practice.
- Notable practice in supporting care home staff to reduce calls to service for their residents, allowing them to develop skills to support patients who have fallen.

2.7 The Trust strategy and suite of enabling strategies which focus on key areas including; clinical, leadership, education and training, quality improvement, and digital, provide the main thrust of strategic development and framework for systematic progression from 'Good' to 'Outstanding'.

In addition, our improvement plan will continue to focus on more specific operational improvements to ensure that quality standards are consistently delivered across all service lines.

<b>Safe</b>	<ul style="list-style-type: none"> <li>• There remains some risk to premise and vehicle security on some ambulance stations.</li> <li>• The PTS should ensure staff are confident in reporting and escalating safeguarding concerns.</li> <li>• Some PTS staff required support to complete their mandatory training, including via e-learning.</li> <li>• There were shortfalls in the numbers of the staff in the innovative Mental Health Team within the EOC.</li> <li>• Lessons learnt from incidents in EOC were not routinely shared with the wider service, although there were examples of good practice to build on.</li> <li>• Take action to improve the overall score for safety culture (staff survey indicator 9).</li> <li>• Involve families in setting the terms of reference for SI investigations where possible.</li> <li>• Ensure all service lines follow the correct procedure for the safe disposal of sharps.</li> </ul>
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<b>Effective</b>	<ul style="list-style-type: none"> <li>• The PTS service’s achievement for short notice pick up was below our own internal standard.</li> <li>• Call handlers in EOC were not always confident they had received the training and knowledge they needed to manage patients in a mental health crisis.</li> <li>• The service did not meet appraisal rate targets in the EOC.</li> <li>• The EOC should ensure all staff groups are fully compliant with their mandatory training requirements.</li> </ul>
<b>Caring</b>	<ul style="list-style-type: none"> <li>• There were no elements noted for improvement within either service that related to caring and several elements of outstanding practice highlighted.</li> <li>• Consider best practice nationally to identify further opportunities for improvement.</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>• In the EOC not all staff were aware when service changes were made that this was as a result of learning from complaints and concerns.</li> <li>• The EOC service should work to improve public, patient and local organisation engagement.</li> <li>• There was some staff dissatisfaction with the reliability of the hub platform used for Safeguarding referrals, and delays in the process.</li> <li>• EOC should ensure visibility of REAP scores and status and its relationship to their Demand Management Plan.</li> </ul>
<b>Well Led</b>	<ul style="list-style-type: none"> <li>• Lack of diversity at Board.</li> <li>• Overall the workforce was not representative of the population it served (14% BAME population, 6.7% BAME workforce), although the report recognised the positive work under way and that there has been a targeted approach to increasing diversity in the workforce.</li> <li>• The Trust was not fully compliant with the Accessible Information Standard (AIS), although there were pockets of good practice.</li> <li>• The Trust should improve the response rate of the annual staff survey as it falls below the national average for the sector</li> <li>• Take measures to improve the overall sickness rates in line with ambulance sector average/trust target of 5%.</li> <li>• In the EOC there was limited awareness of organisation risk at middle manager level beyond day to day operational issues.</li> <li>• Continue to embed a positive culture within IUC ensuring relationship between leaders and staff are open and supportive for all.</li> <li>• Focus groups in PTS confirmed that there remained room for improvement in staff engagement by the service.</li> </ul>

2.8 Triangulation with Inspection for Improvement process and other learning from the Trust:

Findings from the Inspection for Improvement process focus largely on estate, health and safety, infection prevention and control, medicines management, site security and compliance with information governance.

All of these elements are considered as part of the key lines of enquiry for the CQC, largely in the safety domain. Whilst overall standards continue to improve, themes from I4I 2019 inspections include;

- Variation in compliance with infection prevention and control procedures, such as cleanliness within dirty utility rooms.
- Waste collection delays (arising from the external contractor provision) and variation in compliance with segregation, including the safe disposal of sharps.
- Security of ambulance stations and vehicles.
- Ensuring consistent display of regulatory compliance posters and effective use of YAS TV.
- General tidiness of the station and surrounding area of estate
- Supply of clean, adequate furniture for staff rest breaks.

Elements of the findings from I4I process will be included as actions in the Quality Assurance Continuous Improvement plan.

### **3. PROPOSALS / NEXT STEPS**

- 3.1 The Quality Assurance Continuous Improvement plan will be developed in line with CQC report and I4I process, with actions allocated and realistic timeframes defined. This plan will be monitored and progressed by the Quality Assurance Working Group and progress against the milestones reported to TMG via the Regulatory Compliance report on a monthly basis. Issues and barriers to progression can be raised via this reporting process for resolution. The Quality Committee receives a report on regulatory compliance to ensure committee oversight.

### **4. RISK ASSESSMENT**

- 4.1 The corporate risk register lists some building and premises as areas of concern. The Inspections for Improvement process will enhance the information listed about each location and will inform the risk assessments undertaken by the Health and Safety manager. There is a commitment to manage and reduce the level of risk from estates via the medium and long term strategy.
- 4.2 The risk register will be reviewed and relevant risks updated in line with the CQC report.
- 4.3 Overall, the CQC inspection highlights the continued positive development across the Trust and provides strong assurance that risks to quality are understood and effectively mitigated.

### **5. RECOMMENDATIONS**

- 5.1 It is recommended that Board
- Notes the findings of the CQC summary report and is assured with regard to the continued improvement in quality and safety

- Notes the requirement for sustained commitment across all service lines and key lines of enquiry to ensure progression to a rating of 'Outstanding' by 2023